## UNITED STATES FORM D SECURITIES AND EXCHANGE COMMISSIC

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR NIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB NUMBER: 3235-0076 April 30, 2008 Expires: Estimated average burden hours per response....

SEC USE ONLY						
refix		Serial				
	1					
	1					
	Date Re	ceived				
	1	-1				

(() (00)				
	is an amendment and name has chang	ed, and indicate c	hange.)	PROCESSE
Filing Under (Check box(es) that apply Type of Filing:	**	⊠ Rule 506	☐ Section 4(6)	ULOE JAN 1 0 2008
	A. BASIC IDENTIFIC	ATION DATA		THOMSON
1. Enter the information requested abo	out the issuer	····		- CINANCIA
Name of Issuer ( Check if this is a OPK Capital, L.P.	the state of the s	and indicate chan	ge.)	Flithmann
Address of Executive Offices 406-192 Spadina Avenue, Toronto, O	(Number and Street, C Ontario Canada M5T262	City, State, Zip Co	de) Telephone 1 416-716-44	Number (Including Area Code) 167
Address of Principal Business Operation		City, State, Zip Co	de) Telephone	Number (Including Area Code)
(if different from Executive Offices)				
Brief Description of Business  Holding company for Lind Equipme	nt Ltd.		<del></del>	07087426
Type of Business Organization	• • • • • • • • • • • • • • • • • • • •			
□ corporation	☑ limited partnership, already f	ormed	other (please s	pecify):
□ business trust	☐ limited partnership, to be for	med		
Actual or Estimated Date of Incorpora Jurisdiction of Incorporation or Organ	č			tual
GENERAL INSTRUCTIONS				

RECEIVED

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. □ General and/or Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) **OPK Holdings, LLC** Business or Residence Address (Number and Street, City, State, Zip Code) 406-192 Spadina Avenue, Toronto, Ontario Canada M5T262 □ Executive Officer □ Director ☐ General and/or Check Box(es) that Apply: ☑ Beneficial Owner □ Promoter Managing Partner Full Name (Last name first, if individual) Coppermine Capital LLC **Business or Residence Address** (Number and Street, City, State, Zip Code) 950 Winter Street, Suite 3200, Waltham, MA 02451 ☐ General and/or Check Box(es) that Apply: □ Promoter ■ Beneficial Owner □ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) IRS Partners #19 Business or Residence Address (Number and Street, City, State, Zip Code) 515 So. Figueroa, Suite 1050, Los Angeles, CA 90071 Check Box(es) that Apply: ☑ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or □ Promoter Managing Partner Full Name (Last name first, if individual) **Endurance Investment Holdings Limited Business or Residence Address** (Number and Street, City, State, Zip Code) c/o Montblanc (Directors) Limited, Sir Walter Raleigh House, 48/50 Esplanade, St. Helier Jersey, Channel Islands JEI 4HH Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner ☐ General and/or □ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual)

(Number and Street, City, State, Zip Code)

□ Beneficial Owner

(Number and Street, City, State, Zip Code)

☐ Executive Officer

□ Director

☐ General and/or Managing Partner

☐ Promoter

Business or Residence Address

Business or Residence Address

Full Name (Last name first, if individual)

Check Box(es) that Apply:

				B. INFO	ORMATIO	N ABOUT	OFFERE	NG				
1. Has the issu	uer sold, or	does the is	suer intend	to sell, to r	non accredit	ed investor	s in this of	fering?			Yes N	io I
			Ansv	ver also in	Appendix, (	Column 2, i	if filing unc	ler ULOE.				
2. What is the	minimum	investment	that will b	e accepted	from any in	dividual?					\$_37,500	
2. What is the minimum investment that will be accepted from any individual?									Yes N	No		
3. Does the offering permit joint ownership of a single unit?											3	
4. Enter the in remuneration tagent of a brol persons to be I Full Name (La	for solicitat ker or deale isted are a	tion of purc er registered ssociated po	hasers in co I with the S ersons of su	onnection v EC and/or	vith sales of with a state	securities or states, li	in the offeri ist the name	ing. If a per of the brol	rson to be l ter or deale	isted is an r. If more	associated than five (	person or
N/A												
Business or Re	esidence A	ddress (Nu	nber and S	treet, City,	State, Zip C	Code)				<del></del>		
Name of Asso	ciated Bro	ker or Deals			·							<del></del>
Name of Assor	ciated bio	KEI OI DEAR	<b>.</b> 1									
States in Whic					Solicit Purc				- <u>-</u> .			Il States
[AL]	An State o	r check ind [AZ]	ividuai Stai [AR]	es) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	U A [HI]	(ID)
[IL]	[NI]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	(NC)	[ND]	(OH)	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	(WA)	[WV]	[WI]	[WY]	[PR]
Business or Re	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
Name of Asso	ciated Bro	ker or Deale	er									
States in Whic						hasers						
(Check "A	All State" o	r check ind [AZ]	ividual Stat	es) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	□ <i>P</i> [HI]	Il States
[Al]								[20]	[· →]		[]	HIDI
(AL) MJ			• •			• •		[MA]	IMII	IMNI	IMSI	[ID] [MO]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME]	[MD] [NC]	[ND]	[OH]	[ОК]	[OR]	[MO] [PA]
[IL]	[IN] [NE] [SC]	(IA) (NV) [SD]	[KS] [NH] [TN]	[KY]	[LA]	[ME]	[MD]		• •			[MO]
(IL) (MT) [RI]	[IN] [NE] [SC]	(IA) (NV) [SD]	[KS] [NH] [TN]	[KY] [NJ]	[LA] [NM]	[ME]	[MD] [NC]	[ND]	[OH]	[ОК]	[OR]	[MO] [PA]
(IL) (MT) [RI]	[IN] [NE] [SC]  ast name fin	(IA) (NV) [SD] rst, if indivi	[KS] [NH] [TN] dual)	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC]	[ND]	[OH]	[ОК]	[OR]	[MO] [PA]
[IL] [MT] [RI] Full Name (La	[IN] [NE] [SC]  ast name fin	(IA) (NV) [SD] rst, if indivi	[KS] [NH] [TN] dual)	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC]	[ND]	[OH]	[ОК]	[OR]	[MO] [PA]
[IL] [MT] [RI] Full Name (La	[IN] [NE] [SC] ast name fit	[IA] [NV] [SD] rst, if indivi	[KS] [NH] [TN] dual)	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC]	[ND]	[OH]	[ОК]	[OR]	[MO] [PA]
[IL] [MT] [RI] Full Name (La Business or Ro Name of Asso	[IN] [NE] [SC]  Ist name finesidence A	[IA] [NV] [SD] rst, if individers (Number of Deale	[KS] [NH] [TN] dual) mber and S	[KY] [NJ] [TX] treet, City,	[LA] [NM] [UT]  State, Zip C	[ME] [NY] [VT]	[MD] [NC]	[ND]	[OH]	[ОК]	[OR] [WY]	[MO] [PA] [PR]
[IL] [MT] [RI] Full Name (La Business or Re Name of Asso States in Whic (Check "A	[IN] [NE] [SC] Ist name fit esidence A ciated Bro th Person L MI State" o	[IA] [NV] [SD]  rst, if indivi  ddress (Nui  ker or Deale  Listed Has S r check ind	[KS] [NH] [TN] dual) mber and S er Solicited or ividual State	[KY] [NJ] [TX]  treet, City,	[LA] [NM] [UT]  State, Zip C	[ME] [NY] [VT]  Code)	[MD] [NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[MO] [PA] [PR]
[IL] [MT] [RI] Full Name (La Business or Ro Name of Asso States in Whic (Check "A [AL]	[IN] [NE] [SC]  Inst name fit  esidence A  ciated Bro  ch Person I  All State of [AK]	[IA] [NV] [SD]  rst, if individers (Number of Deale Listed Has Stroke (IAZ)	[KS] [NH] [TN] dual) mber and S er Solicited or ividual Stat [AR]	[KY] [NJ] [TX]  treet, City,	[LA] [NM] [UT]  State, Zip C	[ME] [NY] [VT]  Code)	[MD] [NC] [VA]	[ND] [WA]	[OH] [WV]	[OK]	[OR] [WY]	[MO] [PA] [PR]
[IL] [MT] [RI] Full Name (La Business or Re Name of Asso States in Whic (Check "A	[IN] [NE] [SC] Ist name fit esidence A ciated Bro th Person L MI State" o	[IA] [NV] [SD]  rst, if indivi  ddress (Nui  ker or Deale  Listed Has S r check ind	[KS] [NH] [TN] dual) mber and S er Solicited or ividual State	[KY] [NJ] [TX]  treet, City,	[LA] [NM] [UT]  State, Zip C	[ME] [NY] [VT]  Code)	[MD] [NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[MO] [PA] [PR]

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount

	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	\$
	Equity		
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
of th	Inter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases in the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amour of Purchases
	Accredited Investors	12	\$_3,256,500
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)	N/A	\$ <u>N/A</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
SC	f this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of offering	Type of	Dollar Amour
	Rule 505	Security N/A	Sold \$_N/A
	Regulation A	N/A	
	Rule 504		
	Total		
4. a	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		<b>\$</b>
	Printing and Engraving Costs		<b>-</b> \$
	Legal Fees		<b>□</b> \$ 50,000
	Accounting Fees		<b>S</b>
	Engineering Fees		<b>-</b> \$
	Sales Commissions (specify finders' fees separately)		<b>S</b>
	Other Expenses (identify)		<b>-</b> \$
	Total		<b>⊠</b> \$ <u>50,000</u>

1 and total expenses furnished in re	gregate offering price given in response to Part C - Question sponse to Part C - Question 4.a. This difference is the ter."			<b>s</b> _	3,206,500
used for each of the purposes shown.	sted gross proceeds to the issuer used or proposed to be If the amount for any purpose is not known, furnish an of the estimate. The total of the payments listed must equal er set forth in response to Part C - Question 4.b above.		Payments to Officers, Directors, & Affiliates		Payments To Others
Salaries and fees			<b>2</b>		\$
Purchase of real estate			\$		2
Purchase, rental or leasing and in	stallation of machinery and equipment		\$		\$
Construction or leasing of plant b	uildings and facilities	0	\$		\$
Acquisition of other businesses (i	ncluding the value of securities involved in this ange for the assets or securities of another		s	Ø	\$ <u>3,206,50</u>
		0	<u>s</u>		S
			<b>s</b>		\$
		O	\$		\$
			<b>s</b>		
Column Totals			<u>s</u>	Ø	\$ <u>3.206.50</u>
	totals added)		⊠ \$ <u>.</u>	3,2	06,500
	D. FEDERAL SIGNATURE		<del></del>		
Callandar algebras constitutos en un	be signed by the undersigned duly authorized person. If this no dertaking by the issuer to furnish to the U.S. Securities and Exch by the issuer to any non-accredited investor pursuant to paragra	lange	COmmission, a	ווטטוו	505, the written reque
suer (Print or Type)	Signature		Date		
PK Capital, L.P.	5-16		12,	//	7/07
lame of Signer (Print or Type)	Title of Signer (Print or Type)		······································		
	Manager of OPK Holdings, LLC, the General Part	ner o	FOPK Capita	I, L.	P.

4 7	TT	BITTER	~~	T. (4
		N 1		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)